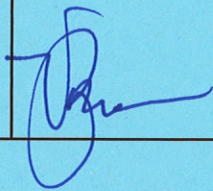


TITLE: DIRECT PAYMENTS	POLICY NO: CDLO 202
PURPOSE: To be in compliance with the process of properly preparing and submitting Department of Administration (DOA) Form ACC-DPA001 (Request for Direct Payment) for payments made without a previous encumbrance.	UPDATED: JULY 2021 

PROCEDURE

- Prepare Request for Direct Payment Form ACC-DPA001.
 1. Choose a type of Direct Payment.
 2. Input Document Number and Date - the originating department/agency must enter a Control Number that will assist in tracking the Direct Payments within the DOA. This also becomes the DOA intake reference number throughout the processing cycle of the Division of Accounts. The structure of the control number is as follows:
 - **Standard Direct Payment** (Ex: D 21 0201 001)
 - **D** Direct Payment
 - **21** Fiscal Year
 - **0201** Department and/or Division code
 - **001** Control Number
 - **Continuing Services Direct Payment** (Ex: D 21 0201 CS 001)
 - **D** Direct Payment
 - **21** Fiscal Year
 - **0201** Department and/or Division code
 - **CS** Continuing Service
 - **001** Control Number
 3. Enter the Payee's name and complete mailing address.
 4. Enter the Vendor Number assigned to the Payee by DOA. (Note: Ensure Vendor has already submitted documentation to DOA for a Vendor Number. If not, that has to be done first.)
 5. Enter the Reason for the Direct Payment.
 6. Enter the appropriate Trans Code:
 - **190** Payments against Appropriation Accounts
 - **192** Payments against Revenue Accounts
 - **829** Payments against General Ledger Accounts
 7. Enter the Account Number to be charged with the payment.
 8. Enter the amount of each invoice to be paid, line per line.

9. Enter the complete invoice number to be paid, line per line.
 10. Enter the total amount of all invoices being paid on each Direct Payment form.
 11. Check the appropriate boxes listed accordingly.
 12. Check the **Goods/Services** if goods/services have been received and that payment is proper as per the attached documents.
 13. Check the **Valid Liability** box if a valid liability exists because of withholding, overpayment or deposit and that payment is proper as per the attached documents.
 14. Type person's name preparing the Direct Payment.
 15. Enter the name of the person authorized to approve Direct Payments for the department/agency.
 16. Enter the name of the Certifying Officer for the department/agency.
 17. When complete, print Form ACC-DPA001, and have the document signed by Preparer, Approving Official, and Certifying Officer.
 18. Route to DOA (doa.invoice@doa.guam.gov) for processing.
- Required attachments:
1. Refunds/Services Rendered
 - Field Receipt
 - Official Receipt
 - Depository Report
 2. Stipends
 - Government of Guam Employee Leave Form (for meetings attended between 8am-5pm; per 5 GCA §43104, work schedule)
 - Certification (DOA Circular No. 12-90)
 - Board Secretary's Testament
 3. Local Mileage
 - Reimbursement Request
 - Monthly Summary of POV Form
 - Daily Mileage Report
 4. Petty Cash
 - Petty Cash Replenishment Report Summary
 - Petty Cash Count Report
 - Petty Cash Voucher
 - Receipts/Invoices
 5. Government Claims (from the Office of the Attorney General)
 - Vendor Application with recipient's name AND the Attorney General
 6. Other Supporting Documents

References: [Resources](#) | [DA \(guam.gov\)](#)